

**KENTUCKY BOARD OF INTERPRETERS
FOR THE DEAF AND HARD OF HEARING**

P.O. Box 1360
Frankfort, KY 40602
(502) 564-3296, Ext. 237

REQUEST FOR EXTENSION OF TEMPORARY LICENSE

For Office Use Only

A temporary license to practice interpreting expires 2 years from the date of issuance on July 1 of that year; a graduate of an associate interpreter training program shall be valid for up to two years; and a graduate of a baccalaureate interpreter training program shall be valid for up to one year.

In accordance with KRS Chapter 39 and regulations governing this profession, you are required to request an extension of the temporary license if you have not met the minimum requirements for full licensure as an interpreter. To request an extension of your temporary license, submit this form, proof of continuing education hours (documented on the back of this form) attach a report from your supervisor of record regarding your progress and request for extension, along with the extension fee of \$50.00 made payable to the Kentucky State Treasurer. **DO NOT SEND CASH.** Please return the completed form, all attachments and the fee to the address above prior to the **deadline of July 1**. The late fee for extensions received during the 60-day grace period (postmarked between July 2 and August 31) is \$85.00. The licensee may continue to practice during the grace period. Licenses not extended by August 31 will terminate and you must immediately **CEASE AND DESIST** the practice of interpreting for the deaf and hard of hearing in the Commonwealth of Kentucky. **No exceptions shall be made. Incomplete forms will be returned.**

PLEASE COMPLETE THE FOLLOWING (Please print or type):

1. Note **changes in name and/or mailing address** if different from above:

2. Present Business Address:

3. Home Phone () _____ Business Phone () _____

4. License Number _____ Social Security Number _____

5. Have you been convicted of a felony, or a misdemeanor where a jail sentence was imposed, or any crime involving moral turpitude since the date of licensure?

___ Yes ___ No If yes, what offense and give details _____

6. Has your License to be a temporary licensed interpreter or any other professional credential in Kentucky or any other state been subject to disciplinary action? _____ Yes _____ No. If yes, give details:

7. Have you been convicted of violating any federal or state law applicable to the practice of interpreting?

___ Yes ___ No. If yes, give details: _____

(Please complete reverse side)

8. Have you ever been found to have violated the code of ethics of a national organization that issued you a certification you hold or ever held? ____ Yes ____ No. If yes, give details: _____

Please complete the form below INCLUDING COMPLETE DATE AND HOURS OBTAINED.

Incomplete forms will be returned: (**DO NOT** attach documentation of attendance unless you are audited. It is your responsibility to maintain all documentation of attendance). **Requirements for continuing education are outlined in 201 KAR 39:090.** and should be studied carefully.

Course Name	Dates Attended mm/dd/yr	CEU Hours Earned	Sponsoring Organization	Prior Board Approval Y/N

CERTIFICATION AFFIDAVIT

I, the licensee named in the above, do certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my license could be subject to disciplinary action by the Kentucky Board Interpreters for the Deaf and Hard of Hearing.

Date _____ Applicant's Signature _____
(Sign your name - Do not print or type)

Date _____ Supervisor's Signature _____

Do Not Write Below This Line--For Board and Office Use Only

AUDIT REVIEW - FOR BOARD MEMBER USE ONLY

Application Approved by: _____ Date: _____

Application Denied by: _____ Date: _____

Resubmitted for review: Approved: [] Denied: [] By: _____ Date: __/__/__

Comments: _____

